

**Kentucky  
Department for Public Health**

**Guidelines for  
Local Health Department  
Bloodborne Pathogens  
Exposure Control Plan  
for  
OSHA Compliance**

**August 1, 2010**

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# **KDPH GUIDELINES FOR LHD BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN FOR OSHA COMPLIANCE**

## **DUTIES:**

- I. Each employer—
  - A. Shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees;
  - B. Shall comply with occupational safety and health standards promulgated under this Act.
- II. Each employee shall comply with occupational safety and health standards and all rules, regulations and orders issued pursuant to the Act which are applicable to his own actions and conduct.

## **POSTING:**

- I. Post the 300-A summary page form February 1 to April 30 of the year following the year covered by the form.
- II. The SIC (Standard Industrial Code) used by all Local Health Departments on the 300-A summary page is 9431. You will receive notification of code change when applicable. Revision/update of this document is listed on page 19 in bold type.

## **COMPLIANCE/INFORMATION:**

- I. OSHA is also addressed in the ADMINISTRATIVE REFERENCE FOR LOCAL HEALTH DEPARTMENTS IN KENTUCKY, VOLUME I: PERSONNEL Section.
- II. Also, OSHA is addressed in the PUBLIC HEALTH PRACTICE REFERENCE, Infection Control Section.
- III. OSHA information may be ordered at no cost from the Labor Cabinet via the Publication Request Form, attached, Appendix VI ([PUBLICATIONS AND FORMS](#)).

## **CONTACT FOR QUESTIONS:**

- I. Division of Epidemiology and Health Planning for medical information and infection control at 502-564-7243.
- II. Division of Administration and Financial Management for administration and record keeping at 502-564-7213 (Local Health Operations Branch).

# KENTUCKY LOCAL HEALTH DEPARTMENTS (LHDs) BLOODBORNE PATHOGENS EXPOSURE CONTROL COMPLIANCE PLAN

## I. Introduction and Summary

Hepatitis B (HBV) has long been recognized as a hazard for health care workers who are exposed to blood. In the mid-1980's reports documenting the transmission of Human Immunodeficiency Virus (HIV) to health care workers were published. Several other diseases carry varying but lesser risk. In response to these concerns, the Occupational Safety and Health Administration, U.S. Department of Labor, on December 6, 1991, published a final standard on the prevention of occupational exposure to bloodborne pathogens.

On November 6, 2000 President Clinton signed the Needlestick Safety and Prevention Act, P.L. 106-430. This Act directed OSHA to revise the Bloodborne Pathogens standards to reflect the requirements of the Act. OSHA subsequently implemented federal regulations (29 Code of Federal Regulations (CFR) Part 1910 Occupational Exposure to Bloodborne Pathogens Needle sticks and Other Sharps Injuries Final Rule on January 18, 2001).

## II. Exposure Determination

A. In the following job classifications, all employees have occupational exposure as part of their normal work routine:

See the following website for updated job classifications indicated below:

<http://chfs.ky.gov/dph/lhdmeritclass.htm>

2122	Local Health Nurse I
2123	Local Health Nurse II
2124	Local Health Nurse III
2125	Local Health Nurse IV/Team Leader
2126	Local Health Nurse Specialist
2127	Nurse Program Manager
2128	Nurse Supervisor I
2129	Nurse Supervisor II
2130	Public Health Nurse I
2131	Public Health Nurse II
2132	Public Health Nurse III
2141	Licensed Practical Nurse I
2142	Licensed Practical Nurse II
2203	Homemaker
2210	Clinical Assistant
2301	Home Health Aide Trainee
2302	Home Health Aide
2303	Senior Home Health Aide
2501	Director of Nutrition Services
2502	Nutrition Services Coordinator

2701	Laboratory Supervisor
2702	Medical Technologist
2703	Laboratory Technician
4001	Public Health Clinician

Personal Service Contracts:

K1	General Practitioners and Family Practitioners
K2	Obstetricians/Gynecologists (board certified)
K3	Pediatricians
K4	Other Physician Specialists
L1	Dentists
L2	Dental Hygienists
M1	Nurse Practitioners/Physician Assistants
M2	Public Health Nurses
M3	Other Registered Nurses
M4	Licensed Practical Nurse (LPN) and Licensed Vocational Nurse (LVN)

- B. In the following job classifications, some employees have occupational exposure:  
See the following website for updated job classifications:

<http://chfs.ky.gov/dph/lhdmeritclass.htm>

1526	Public Health Program Specialist
2204	Social Services Aide
2205	Community Outreach Worker
2220	Family Support Worker
2221	Family Support Worker Sr.
2402	Social Worker
2403	Senior Social Worker
2503	Nutritionist
2504	Senior Nutritionist
2602	Speech and Hearing Pathologist
2608	X-ray Technician
2610	Occupational Therapist
2612	Physical Therapist
4002	Health Officer
4003	Medical Director
4004	Physician VI
5001	Maintenance Supervisor
5002	Maintenance Technician
5004	Maintenance Person
5003	Janitor

Personal Services Contracts:

N4	Occupational Therapists
N6	Audiologist
N7	Speech Therapist
N8	Physical Therapist
N9	Respiratory Therapist
S1	Other

- C. In the following job classifications, employees do not have occupational exposure:  
See the following website for updated job classifications:

<http://chfs.ky.gov/dph/lhdmeritclass.htm>

1001	Public Health Director III
1002	Public Health Director II
1003	Public Health Director I
1120	Administrative Assistant
1330	Finance Administrator
1302	Accountant
1319	Account Clerk I
1320	Account Clerk II
1321	Account Clerk III
1401	Administrative Secretary
1402	Secretary
1405	Telephone Operator/Receptionist
1410	Data System Coordinator
1411	Data Entry Operator
1420	Records Clerk
2404	Director of Social Services
2401	Social Services Coordinator
2606	Audiologist
2808	Health Educator I
2809	Health Educator II
2810	Health Educator III
2812	Health Education Coordinator
2814	Health Education Director

In all three classifications, the individual responsibilities of each employee must still be reviewed to determine the potential for exposure to bloodborne pathogens.

- D. The following tasks and procedures or groups of closely related tasks and procedures are performed by employees in job classifications listed in II A. and II B., and may result in occupational exposure to bloodborne pathogens:

1. The performance of venipunctures, heel sticks or finger sticks.
2. The performance of intravenous, intramuscular, intrathecal, subcutaneous, or intradermal administration of vaccines or medications.
3. The use and handling of needles, sharp instruments, scalpels or similar devices during routine clinical procedures or diagnostic examinations. The

cleaning of used instruments, and the disposal of needles, blades, and other sharps.

4. The collection and handling of all smears, cultures and specimens of the following fluids: blood and all body fluids, except sweat, whether or not they contain visible blood; and any other fluid. The collection and handling of unfixed tissue from a human, living or deceased.
5. The physical examination of the pelvis, rectum, and genitalia; contact with all mucous membranes, including the nose and mouth.
6. The performance of invasive procedures: the manipulation, cutting or removal of any oral tissue including tooth structures: the handling of intra-oral devices; contraceptive implant and insertion.
7. The performance or assistance in vaginal delivery; and in handling the placenta or newborn infant's skin.
8. The performance of wound care, tracheostomy or enterostomy care, dressing changes, enemas, removing of impactions, or catheter care.

### III. Schedule and Method of Implementation of Occupational Exposure Prevention Plan

#### A. Methods of Compliance

##### 1. Standard Precautions\*

Universal precautions are OSHA's required methods of control to protect employees from exposure to all human blood and other potentially infectious materials. The term "universal precautions" refers to a concept of bloodborne disease control which requires that all human blood and other potentially infectious materials be treated as if known to be infectious for HIV, HBV, Hepatitis C Virus (HCV) or other bloodborne pathogens, regardless of the perceived low risk status of a patient or patient population.

Alternative concepts in infection control, such as Standard Precautions, are acceptable alternatives to universal precautions, provided that facilities utilizing them adhere to all other provisions of the OSHA standard. Based upon the Centers for Disease Control and Prevention (CDC), "Guideline for Isolation Precautions in Hospitals", 1996, the Department for Public Health (DPH) recommends that LHDs use Standard Precautions for all patients. These precautions are applied to blood, vaginal secretions, semen, all other body fluids, (except sweat), whether or not they contain visible blood, and non-intact skin and mucous membranes. Therefore, the use of protective barrier precautions are recommended when performing tasks involving contact with blood, body fluids, non-intact skin and mucous membranes.

Standard Precautions is an approach to infection control in which all human blood and human body fluids (See list in II.D.) are always treated as if they contain HIV, HBV, HCV and other bloodborne pathogens.

Standard precautions for health care workers may be summarized by the following principles:

- Treat all blood and body fluids as being potentially infectious.
- Use a barrier appropriate for the interaction. Protective barriers must be appropriate for the type of exposure anticipated and may include latex vinyl gloves, gowns, masks, and protective eyewear.  
References and examples of tasks requiring the use of Standard Precautions are also contained in the Public Health Practice Reference (PHPR).
- Do not bend, break, shear, or recap needles. Needles must not be removed from disposable syringes. Disposable needles, syringes and other sharp's items must be placed in puncture-resistant containers for disposal. The containers are to be located as close as practical to the area in which the items were used.
- Wash hands thoroughly before and after patient care, and between patients or sites on the same patient.
- Clean up blood spills immediately.
- Follow nationally published guidelines for sterilization, disinfection, housekeeping, and waste disposal.
- Keep mouthpieces and resuscitation equipment readily available if use is likely.
- Refrain from patient care when the caregiver has weeping dermatitis or exudative lesions.

Additional isolation precautions may be necessary for patients with an infection transmissible by the airborne route (such as tuberculosis, varicella and measles), droplet, or contact. Transmission-based Precautions is the second tier of the CDC, 1996, "Guideline for Isolation Precautions in Hospitals". The DPH recommends that LHDs use Transmission-based Precautions. These precautions should be used in addition to Standard Precautions.

## 2. Engineering/Work Practice Controls for Health Departments and Home Health Employees

### Background Information:

The revision of the Bloodborne Pathogens, Needlesticks and other Sharps Injuries standard requires the employer to institute engineering and work practice controls as the primary means of eliminating or minimizing employee exposures. "Engineering controls" has been modified to include "safer medical devices, such as sharps with engineered sharps injury protections and needleless systems". The revised standard adds two additional terms to the definition section "Engineering controls" mean controls that isolate or remove the bloodborne pathogens hazard from the workplace. Examples include needleless devices, shielded needle devices, blunt needles, and plastic capillary tubes. A "Needleless System," is defined as "a device that does not use needles for collection of body fluids or withdrawal of body fluids after initial venous or arterial access is established; the administration of medications or fluids; or any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps".

The bloodborne pathogens standard reflects how employers implement new developments in control technology; requires employers to solicit input from non-managerial (e.g., frontline) health care workers that identifies, evaluates, selects safety-engineered sharp devices (e.g., needleless devices, shielded needle devices, and plastic capillary tubes) and identifies proper work practices (e.g., no-hand procedures in handling contaminated sharps. Employee input shall be documented in the "Exposure Control Plan". Methods for soliciting employee input are not prescribed. The engineering controls must be incorporated in the exposure control plan to be reviewed and updated at least annually (every 12 months) and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure. The revised standard must reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. The plan must reflect new or revised employee positions with occupational exposure. This information must be documented annually in the plan. The exposure plan must document the engineering controls put into place by the employer and must document engineering controls effectiveness to eliminate or minimize Needlesticks and other sharp injuries. The exposure plan must demonstrate the procedure used to decrease or eliminate exposures.

The LHD must assign an employee to be responsible for assuring the exposure plan is reviewed and updated as needed and must (at least on an annual basis) establish and maintain a log of percutaneous injuries from contaminated sharps. The primary agents of concern in current occupational settings are HIV, HBV, and HCV.

The LHD solicited input on \_\_\_\_\_ (date) on appropriate engineering controls and medical devices from

\_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_ representing clinical and laboratory staff. It was determined that the following engineering controls and/medical devices would be used to reduce the likelihood of Needlestick and other sharps injuries:

The effectiveness/usefulness of these controls was evaluated on in the following manner:

The LHD has designated \_\_\_\_\_, an employee of the department, to annually review the exposure control plan and recommend necessary updates/revisions.

- a. With the exception of the bloodborne pathogens standards revisions effective April 18, 2001, the specifications of this subsection will be observed by LHD staff and will be reviewed as part of the annual program/service planning process.
- b. The LHD will provide hand washing facilities which are readily accessible to employees.
- c. When conducting clinics or performing services at sites in the home or outside a health center where hand washing is not available, the health department will provide either antiseptic towelettes or an appropriate antiseptic hand cleanser along with clean cloth/paper towels. When antiseptic hand cleansers or towelettes are used, hands will be washed with soap and running water when the employee returns to a place where hand washing facilities are available.
- d. The LHD will instruct employees to wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- e. The LHD will ensure that employees wash hands, and any other skin with soap water, or flush mucous membranes with water immediately, or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- f. Contaminated needles and other contaminated sharps will not be bent, recapped, or removed from an attached device unless the employee can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is prohibited. Employees giving care in the home should instruct patients and/or caregivers the need to use puncture resistant containers for the disposal of contaminated needles or other contaminated sharps.

LHDs should also evaluate the safety of using glass capillary tubes. Food and Drug Administration (FDA), National Institute of Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA) recommend blood collection devices less prone to accidental breakage including (1) Capillary tubes that are not made of glass (but made of plastic) (2) Glass capillary tubes wrapped in puncture – resistant film (3) products that use a method of sealing that does not require manually pushing one end of the tube into putty to form a plug or (4) products that allow the hematocrit to be measured

without centrifugation.

- g. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited for employees while in the health center or while giving care in a patient's home, where there is a reasonable likelihood of occupational exposure to potentially infectious materials.
- h. Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, on countertops or bench tops, or in portable insulated coolers where blood or other potentially infectious materials are present.
- i. All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets.
- j. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- k. Equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or transporting and will be decontaminated as necessary unless the LHD can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
  - (1) A readily observable label as described in III. C. 1. will be attached to the equipment stating which portions remain contaminated.
  - (2) The LHD will ensure through training and education of staff that appropriate precautions are taken prior to use of or contact with the equipment by employees, the servicing representative, and/or the manufacturer, prior to handling, servicing or shipping.  
Specimens of potentially infectious materials will be placed in a container which prevents leakage. Special care shall also be given to the transport of the capillary tubes to prevent leakage.

### 3. Personal Protective Equipment

The provisions of this subsection will be observed upon adoption of the requirements of the Needlestick Safety and Prevention Act.

- a. Provision. For the employees listed in II A. and B. above, the LHD will provide, at no cost to the employee, personal protective equipment appropriate for the services provided and accessible on-site at the location of use. Examples of protective equipment include gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes. Barrier protection should be used when coming in contact with blood and all body fluids, except sweat, whether or not there is visible blood.

- b. Use. LHD employees will use the equipment as specified in i - k. In a rare and extraordinary circumstance an employee may decline to use the equipment if, in that particular instance, its use would have prevented the delivery of a service to the patient or would have posed an increased hazard to the safety of the worker or co-worker. When an employee declines to use the protective equipment, he will document the instance in writing and the LHD Director, his designee, or the Director of Nursing of the LHD will investigate to determine whether failure to use the equipment was appropriate, and if not, what changes can be instituted to prevent future occurrences.
- c. Accessibility. The LHD will ensure that personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued directly to employees. Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.
- d. Cleaning, Laundering, and Disposal. The LHD will clean, launder, and dispose of personal protective equipment at no cost to the employee.
- e. Repair and Replacement. The LHD will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- f. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) will be removed immediately or as soon as possible.
- g. All personal protective equipment will be removed prior to leaving the LHD. Home Health personnel will remove the personal protective equipment prior to leaving the patient's home.
- h. When personal protective equipment is removed it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- i. Gloves. Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph b; and when handling or touching contaminated items or surfaces. These include procedures a. through g. in I. D. above. Home Health Aides are expected to wear gloves when providing all types of personal care except when performing those duties listed as exempt in the Competency Evaluation for Public Home Health Aides Manual.
  - (1) Disposable (single use) gloves, such as surgical or examination gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or whenever their ability to function as a barrier is

- compromised.
- (2) Disposable (single use) gloves will not be washed or decontaminated for re-use.
  - (3) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or whenever their ability to function as a barrier is compromised.

Health Care Workers should always wear gloves when...

Touching blood and body fluids.

Touching mucous membranes (e.g. inside mouth, rectum, vagina).

Touching non-intact skin of all patients (or when the health care worker's skin is not intact). Health care workers with exudative skin lesions or weeping dermatitis should refrain from direct patient contact, or handling patient care equipment, until the skin condition resolves.

Handling items or surfaces soiled by blood or other body fluids when processing blood or any body fluid specimen.

Hands should be washed before gloving.

Gloves must be changed after contact with each patient and hands must be thoroughly washed with soap and water.

Change gloves between tasks and procedures on the same patient after contact with materials that may contain a high concentration of microorganisms.

Hands or other skin must be immediately and thoroughly washed if contaminated with blood or body fluids. Hands must always be washed before and after the examination and before leaving the examination room. Hand washing should be with soap (preferably liquid, not bar) and warm water (not hot). Rub hands together using friction creating lather for 10–15 seconds. Rinse and pat dry with a disposable towel. Waterless antiseptic solutions may be used for cleaning hands, if necessary. However, hands should be washed with clean water and soap as soon as it is available.

- j. Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated, such as tracheostomy care. Most LHDs do not perform these procedures. (Those that do will add a specific list of procedures to this paragraph.) The list for home health agencies will

include tracheostomy care, wound irrigation, enema, or any care for a patient with infectious tuberculosis.

- k. Gowns, Aprons, and Other Protective Body Clothing.  
Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations that are likely to generate splashes of blood or other body fluids. The type and characteristics will depend upon the task and degree of exposure anticipated.

Although saliva has not been implicated in the transmission of HIV, to minimize risks during emergency mouth-to-mouth resuscitation, mouth-pieces, resuscitation bags, or other ventilation devices should be available for use in areas where the need for resuscitation might arise. This includes health department settings where anaphylaxis may develop as a result of parenteral penicillin or other drug therapy.

#### 4. Infectious Waste Management

The provisions of this subsection will be observed as of July 18, 2001:

##### a. Definitions:

- (1) Regulated waste is defined to be consistent with the published OSHA standard, as follows:
  - (a) The body fluids listed in II. D. 4. (Blood and cervical/vaginal fluids are the most likely fluids to be encountered in the health department setting.)
  - (b) Used disposable sharp items (such as needles, blades, and broken tubes.)
  - (c) Microbiologic laboratory waste -- this consists of viral, bacterial, fungal, or parasitic cultures in which the biologics have multiplied to higher levels than would be seen in a person; bacterial culture dishes are the major item of this category seen in health departments.
  - (d) Pathological waste -- any unfixed tissue or organ, other than intact skin, from a human, living or dead.  
The primary agents of concern in current occupational settings are HIV, HBV, and HCV.
  - (e) Contaminated items that would release blood or other liquids enumerated in II. D. 4. above if compressed.
  - (f) Items that are caked with dried blood or other liquids - enumerated in II. D. 4. above and are "capable of releasing these materials during handling" (this means, enough caked blood to cause a dusty aerosol if shaken, NOT an item like a gauze pad which has been used to cover a finger stick or antecubital venipunctures).  
Items in (a) through (d) are defined as infectious by CDC and by Kentucky infectious waste regulations for hospitals, nursing homes, and special clinics. These are referred to as "Class A infectious wastes." Items (e) and (f) are referred to as "Class B

infectious wastes.”

b. Plan of Treatment and Disposal:

- (1) Class A: Sharps will be placed in puncture-resistant containers which will be located in each room of the health department where venipunctures or injections are performed, or other places where sharps are expected to be used. The containers will be labeled as per III. C. 1. of this plan. Containers will be maintained upright during use and will not be allowed to overfill. They will be constructed so as to prevent leakage during handling, storage, transport, or shipping and must be closed prior to transport. A contract or arrangement (to be filed with this plan) will be executed with a hospital, medical facility, or waste transporter to take the sharps containers to a site where they will be incinerated or treated by one of the approved alternative technologies.

Blood and other fluids in II. D. 4. will be carefully poured down the sanitary sewers.

Microbiologic wastes will be placed in bags which are closeable and prevent leakage, labeled as per III. C. 1. of this plan, and either autoclaved within the health department, or an arrangement made for transport as for sharps. (If autoclaving option is chosen, check here \_\_\_\_.)

Pathologic wastes (if any) will be placed in bags that are properly labeled and closeable, prevent leakage, and transported to incineration.

When Class A infectious wastes are generated in a home setting during a visit by a home health agency employee, the same standards for storage, labeling, transport, treatment and disposal will be observed as if the wastes were generated in a clinic setting. The employee will be responsible to transport the waste containers, when filled, to the health department or a medical facility for treatment or pickup. Receptacles may be left in the home between visits if not yet filled, provided residents of the home are instructed regarding potential hazards. For liquids, sewer disposal in the home is permitted if the home is connected to a municipal or community sewer system, or to on-site sewage disposal which meets the standards described in 902 KAR 10:085.

When Class A infectious wastes are generated in a setting (such as a correctional facility) where sharps containers cannot safely be left, one will be carried by the employee for immediate use and removed when the employee leaves the site.

- (2) Class B infectious wastes must be placed in closeable and leak proof containers and will be labeled as per III. C. 1. of this plan. They will be transported (as described for class A) at the option of the individual health department, or will be grouped with ordinary solid waste. They are not required to receive special treatment prior to disposal.
- (3) Class B infectious wastes generated in the home setting must be bagged and labeled as if generated in the clinic setting. However, no special requirements for transport, treatment, or disposal apply. This plan applies to wastes generated in the home only if

generated by the activities of a home health care provider or other health department staff person.

#### 5. Housekeeping, General

The LHD will ensure that the work site is maintained in a clean and sanitary condition. A written schedule for cleaning and decontaminating the work site will be observed based on the following criteria:

- a. Location within the department
- b. Type of surface to be cleaned
- c. Type of soil present
- d. Tasks and procedures being performed in the area

All equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.

- a. Contaminated work surfaces will be decontaminated with an appropriate disinfectant, such as \_\_\_\_\_.
  - (1) After completion of procedures.
  - (2) Immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials.
  - (3) At the end of the work day if the surface may have become contaminated since the last cleaning.
- b. Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workday if they may have become contaminated during the day.
- c. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be:
  - (1) Inspected and decontaminated on a regularly scheduled basis;
  - (2) Cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- d. Broken glassware which may be contaminated will not be picked up directly with the hands. It will be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
- e. Reusable sharps that are contaminated with blood or other potentially infectious materials will NOT be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

#### 6. Laundry

- a. Contaminated laundry will be handled as little as possible with a minimum of agitation.
  - (1) Contaminated laundry will be bagged or placed in a leak

- proof container at the location where it was used. It will NOT be sorted or rinsed in the location of use.
- (2) Contaminated laundry will be placed and transported in bags or containers labeled or color-coded as described in III.C.1. When the LHD utilizes universal precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it communicates the information that the containers require compliance with universal precautions.
  - (3) When contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry will be placed and transported in bags or containers which prevent soak through and/or leakage of fluids to the exterior.
- b. The LHD will ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment, i.e., gown or apron.
  - c. When the LHD ships contaminated laundry off-site, the LHD will place the laundry in bags or containers which are labeled or color-coded as described in III C. 1.
  - d. The LHD has a contract/agreement with \_\_\_\_\_ to provide laundry services. The contract/agreement will include the required cleaning schedule and which facility will be responsible for transporting the items.

## B. Hepatitis B Control

The provisions of this section will be observed as of July 1, 1992.

### 1. Vaccination

Each employee in job classes enumerated in II A. and II B. above will, within 10 days of employment or assignment, be scheduled an appointment with the nursing director or nurse supervisor of the LHD (or designee) and will either:

- a. Provide evidence of having received three doses of hepatitis B vaccine; or
- b. Provide evidence of a positive Antibody to Hepatitis B Surface Antigen (anti-HBs) laboratory marker; or
- c. Sign a form consenting to be vaccinated or to finish an incomplete vaccination series; or
- d. Specifically decline vaccination by signing a declination form (Appendix V).

For those who do not have an immunocompromised medical condition, booster doses of vaccine are not currently recommended except when

there is exposure to a Hepatitis B Surface Antigen (HBsAg)-positive source. Thus dates and results of anti-HBs testing should be recorded as well as dates of vaccine doses, for use in case exposure. A positive anti-HBs in a person never having received vaccine is due to natural infection and is considered permanent.

It is the responsibility of the employer/local health department to purchase Hepatitis B Vaccine for its employees. If the employee consents to be vaccinated, he will be evaluated to ascertain that there are no medical contraindications to vaccination. These include hypersensitivity to yeast or an adverse reaction to a previous dose of hepatitis B vaccine. If no contraindications exist, then the employee will receive three (or the remaining) doses of hepatitis B vaccine at 0, 1, and 6 months. Two months following the last dose, a test for anti-HBs will be ordered to determine immune status. It is the responsibility of the employer/local health department to arrange and pay for this testing. The Division of Laboratory Services will provide testing free of charge for local health department employees, as resources allow.

If the employee declines vaccination, he must sign a declination form (Appendix V) and he will be informed quarterly for one year that if he changes his mind, he may return and consent for vaccination at any time.

## 2. Post-exposure evaluation

When an LHD employee experiences an incident involving parenteral contact or contact of eye, mouth, other mucous membrane, or non-intact skin with a body fluid defined in II. D. 4. a report will be made as described in IV. below. The source blood (two, 7 ml red-top tubes) will then be sent to the Division of Laboratory Services (attention-serology section) for testing for HIV and HBV, accompanied by forms LAB-197 ("mark Needlestick injury") and form LAB-213 ("Check HBsAg"). Consent will already have been secured on the general consent form CH-5 (except in the case of Home Health patients, where consent on Appendix III must be obtained). The laboratory will notify the designated person at the LHD of the result (by telephone if positive, in writing if negative). Post-exposure evaluation for Hepatitis C (HCV) is also required by OSHA however, the Department for Public Health, Division of Laboratory Services does not provide this particular testing. It is the responsibility of the employer/local health departments to arrange for HCV testing.

Current references may be found on the CDC website: [www.cdc.gov](http://www.cdc.gov) "(Morbidity and Mortality Weekly Report [MMWR], June 29, 2001/Vol.50/No.RR-11 or latest version)"; Morbidity and Mortality Weekly Report [MMWR], September 30, 2005/Vol. 54/No. RR-9, update)

## C. Communication of Hazards

### 1. Warning Signs/Labels

Standard Orange Fluorescent Biohazard warning labels (available from the Division of Laboratory Services, Technical Services, Container Room; or private vendors) must be affixed to all regulated waste containers, refrigerators containing blood or other potentially infectious material and any other containers used to store, transport or ship blood or other potentially infectious materials. Containers or vacutainers of blood or blood products that are labeled as to their contents and are being clinically tested within the facility are exempt from the labeling requirements. Red bags or red containers may be substituted for labels. Individual containers that are placed in a larger labeled container for storage, transport, or shipment need not be individually labeled. The labels on regulated waste will have an "A" or "B" underneath the biohazard symbol indicating the class of infectious waste. If the container has a mixture of types, the letter "A" will be used. Labels must be affixed as closely as feasible to containers by string, wire, adhesive, or another method to assure that labels are not lost or unintentionally removed. Labels are also required for any contaminated laboratory equipment and must state which portion(s) of the equipment is contaminated. Regulated waste that has been decontaminated does not need to be labeled.

### 2. Information and Training of Staff

a. LHDs must ensure that all employees identified as having the potential for an occupational exposure participate in an annual training program provided at no cost to the employee and during working hours. To comply with federal regulations, the initial training program for staff must occur prior to August 15, 1992. An initial training program to assure compliance with the new Needlestick Safety and Prevention Act must be provided by the LHD within a reasonable time frame after receiving these guidelines (but prior to August 15, 2001). After this time, new staff identified as having the potential for exposure must receive training during the orientation period or prior to undertaking tasks where exposure may take place. Local health departments are obligated to provide additional training if an employee's change in duties increases the chance of exposure. An instructor familiar with infection control theory and practice should be responsible for providing the training and for assessing the effectiveness of the training. Initial and annual training programs must contain (at a minimum) the following components:

- (1) A general explanation of the epidemiology, modes of transmission, and symptoms of infection with bloodborne pathogens.
- (2) An explanation of the LHD's exposure control plan, the location of the plan, and how the employee can obtain a copy.
- (3) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- (4) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.

- (5) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
  - (6) An explanation of the basis for selection of personal protective equipment.
  - (7) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
  - (8) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
  - (9) An explanation of the procedure to follow if an exposure incident occurs (as described in III.B.2.), including the method of reporting the incident and the medical follow-up that will be made available. (Note: the blood of the source patient may be sent for testing immediately after an exposure incident if the patient signed form CH 22-A (Consent for Health Services) or Appendix III.
  - (10) Information on the post-exposure evaluation and follow-up that the LHD provides for an employee following an exposure incident.
  - (11) An explanation of the signs and labels and/or color coding in use by the LHD.
  - (12) Ample opportunity for questions and answers.
- Additionally, copies of federal OSHA regulations (29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens) outlining the requirements for employers and the LHD's exposure control compliance plan must be available and easily accessible to each trainee.

#### D. Recordkeeping

Provisions of this subsection as (revised June of 2001) will be observed as of June 4, 1992.

##### 1. Employee Medical Records

- a. The LHD must include in the medical file of each employee with potential exposure, documentation of an up-to-date hepatitis B vaccination. If the employee has no documentation to this effect, that fact must be noted in the employee's medical file.

If the employee is vaccinated by LHD staff, an immunization record must be initiated and filed as a medical record with a copy filed in the employee's medical record. The date of each vaccination must be included as well as any allergic reaction to the vaccine. Should an employee have an exposure incident, a copy of the incident report and all results of post exposure testing and follow-up must be filed in the employee's medical record including a copy of the physician's written opinion and a copy of any written information provided to the employee. In accordance with local health policy, these records are confidential

and cannot be disclosed without the employee's express written consent. Records must be retained for 30 years following termination of employment in accordance with 29 CFR 1910.20. Employee medical files must be kept separate from the personnel records.

- b. In order to account for the Hepatitis B vaccine distributed, a patient encounter form (PEF) will be initiated on each employee receiving HBV. The PEF code of 361 for Hepatitis B #1, 362 for Hepatitis B #2 and 363 for Hepatitis B #3 will be used. The payor code will be overridden to payor code 4 (non-assigned).
2. Records of Training Received by Employees
- a. Information on employee training on occupational exposure must be contained on the Summary of Occupational Exposure Training Form. The form is to be completed by the trainer(s) and a copy must be filed in a general training file with a copy in each employee's personnel file. This form (see Appendix I) contains the following information:
    - (1) The dates of each training session.
    - (2) Content-specific syllabus and any information distributed to employees.
    - (3) The name(s) and qualifications of the person conducting the training.
    - (4) Names and job titles of all persons attending the training.
  - b. Records will be retained for three years from the date of training. Records shall be made available to state agency staff and OSHA representatives upon request. A CH-23 (Release of Information) must be completed should an employee terminate employment with the LHD and wish to have his records transferred to another employer.

#### IV. Procedure for Reporting and Managing Exposure Incidents

- A. In the event of any applicable exposure to blood or other potentially infectious material, the health department employee will:
  - 1. Report the date, time and type of exposure to his immediate supervisor.
  - 2. Initiate an "Unusual Occurrence/Incident Report" (Appendix II) to include, but not be limited to:
    - a. Employee activity at the time of exposure.
    - b. Extent to which appropriate work practices and protective equipment were used.
    - c. Description of the source of the exposure.
  - 3. Initiate a consent form for treatment, if indicated. (See Appendix III)
  - 4. Initiate treatment in accordance with recommended guidelines, based

on the type of exposure. (See Appendix IV for physician treatment form.)

5. Adhere to follow-up treatment regimen and/or testing as prescribed by the physician.
6. Report the incident to the LHD director or his designee.
7. Reporting/Recording of Needlestick and Sharps Injuries:

All work-related Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (human body fluids, tissues, and organs); or other materials infected with HIV, HBV or HCV such as laboratory cultures or tissues must be recorded on the OSHA 300 (Log of Work-Related Injuries and Illnesses) and the OSHA 301 (Injury and Illness Incident Report) as an injury. If an employee is splashed or exposed to blood or other potentially infectious materials without being cut or scratched, the incident is recorded on the 300 Log as an illness if it results in the diagnosis of a bloodborne illness (HIV, Hepatitis B, or Hepatitis C) or it meets one or more of the following criteria: days away from work, restricted work, transfer to another job, medical treatment beyond first aid, loss of consciousness, death or it involves a significant injury or illness diagnosed by a physician or other licensed health care professional even if it does not meet one or more of the criteria previously listed. To protect the employee's privacy, do not record the employee's name on the 300 Log. In these instances, enter "privacy case" in the space for the employee's name.

The following injuries and illnesses are designated "privacy concern cases":

- a. An injury or illness to an intimate body part or the reproductive system;
- b. An injury or illness resulting from a sexual assault;
- c. Mental illnesses;
- d. HIV infection, hepatitis, or tuberculosis;
- e. Needlestick injuries or cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material;
- f. Other illnesses, if the employee independently and voluntarily requests that his/her name not be entered on the Log.

For these "privacy concern cases," the LHD must keep a separate, confidential list of the case numbers and employee names so the cases can be updated and the LHD can provide federal and/or state government appropriate information if requested to do so.

The “classification of the case” contained on the Log must be updated if the injury later results in days off work, restricted work, job transfer, or death. The description of the case must also be updated to identify the infectious disease and to change the case classification from an injury to an illness. Information must be entered on the OSHA 300 Log and 301 Incident Report within seven (7) calendar days of receiving information that a recordable injury or illness has occurred.

8. Retention and Updating:

The LHD must retain the OSHA 300 Log, the privacy case list, the Annual Summary (OSHA 300-A) and the OSHA 301 Incident Report for five (5) years following the end of the calendar year. The OSHA 300 Logs must be updated over the five year period to include any newly discovered recordable injuries or illnesses and to show any changes that have occurred in the classification of previously recorded injuries and illnesses. If the description or outcome of a case changes, the LHD must remove or line out the original entry and enter the new information. Updating the OSHA 300-A (Annual Summary) and the OSHA 301 Incident Report is voluntary (there is no requirement to update these two documents).

B. The employer or designee will:

1. Report the incident to the Department for Public Health, Division of Epidemiology and Health Planning, if a reportable condition is involved.
2. File and retain the reports in his medical record.
3. Provide the following information to the evaluating physician:
  - a. A copy of this regulation and its appendices and
  - b. Description of the affected employee’s duties as they relate to the employee’s occupational exposure.
4. Physician’s written opinion. For each evaluation under this section, the employer shall obtain and provide the employee with a copy of the evaluating physician’s written opinion within 15 working days of the completion of the evaluation. The written opinion will be limited to the following information:
  - a. The physician’s recommended limitations upon the employee’s ability to receive Hepatitis B vaccination.
  - b. A statement that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

- c. Specific findings or diagnoses which are related to the employee's ability to receive Hepatitis B vaccination. Any other findings and diagnoses shall remain confidential.
- C. In the event the employee refuses to be treated according to the guidelines for treatment of an exposure incident the employee's supervisor will:
  - 1. Complete the "Unusual Occurrence/Incident Report" based on the oral report of the employee and have the employee sign the report.
  - 2. Have the employee indicate on the Incident Report his/her refusal for care.
  - 3. Report the incident and refusal of the employee to the appropriate personnel in the LHD.
  - 4. Report the incident to the Department for Public Health, Division of Epidemiology and Health Planning, if a reportable condition is involved.
  - 5. File and retain the reports in his medical record.

## APPENDIX I

### RECORD OF TRAINING ON EXPOSURE GUIDELINES AND REQUIREMENTS

One copy must be maintained in a general file and one copy maintained in each employee's personnel file.

Training must be provided on an annual basis (within 12 months of the last date of training). This form will be used to document both initial and annual training of employees as required by Federal OSHA regulations. The copy of the training agenda and any information distributed to employees must be attached to this form.

Date of training: \_\_\_\_\_

Trainer: \_\_\_\_\_ Qualifications: \_\_\_\_\_

Trainer: \_\_\_\_\_ Qualifications: \_\_\_\_\_

#### Employees in Attendance

<u>Name</u>	<u>Merit System Classification</u>	<u>Working Job Title</u>
_____	_____	_____

**UNUSUAL OCCURRENCE / INCIDENT REPORT  
EXPOSURE TO BLOOD  
OR OTHER POTENTIALLY INFECTIOUS MATERIALS**

(Page 1 of 2)

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Source of Exposure:

How Exposure Occurred:

Immediate Action Taken:

Comment:

## APPENDIX II

### UNUSUAL OCCURRENCE / INCIDENT REPORT EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS (Page 2 of 2)

Protective Equipment Being Used? ☐ Yes ☐ No ☐ N/A

If Protective Equipment Was Not Used, Why?

Incident Reported To:

---

Physician Referral Scheduled:

---

☐ I understand the potential risks related to the exposure incident which occurred and agree to receive an examination and/or treatment for the exposure, as recommended by my physician. This includes serological testing for HBV and the HIV virus, if indicated.

☐ I understand the potential risks related to the exposure incident which occurred, and DO NOT agree to have an examination or treatment for the exposure.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

### APPENDIX III

## HEALTH DEPARTMENT PATIENT CONSENT FORM\*

I, \_\_\_\_\_, as a patient of the \_\_\_\_\_ Health Department, agree to have blood drawn to test my blood for serological evidence of infectious diseases including but not limited to, Hepatitis B and the Human Immunodeficiency Virus (HIV) because an employee of the Health Department has had an unintentional exposure to my blood or other potentially infectious material. The potential physical problems to me are those related to the routine procedure of taking a blood sample. My signature confirms that I have read this consent form; have received an explanation and understand the reasons for the tests, and; agree to have these tests done.

Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Person authorized to sign for  
Patient: \_\_\_\_\_ Witness: \_\_\_\_\_

I have read the above information and understand why I have been asked to give consent for these tests, but I do not give consent at this time, even though my physician has ordered it.

Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Person authorized to sign for  
Patient: \_\_\_\_\_ Witness: \_\_\_\_\_

\* (To be used when patient has not signed a General Consent Form.)

**APPENDIX IV**

**PHYSICIAN TREATMENT RELATED TO  
UNINTENTIONAL EXPOSURE TO BLOOD  
OR  
OTHER POTENTIALLY INFECTIOUS SUBSTANCES**

Type of exposure:

Location on body:

Wound appearance:

Exposure Source: Known \_\_\_\_\_ Unknown \_\_\_\_\_

Infection Evident from Source? Yes \_\_\_\_\_ No \_\_\_\_\_

Blood Tests Ordered:

Treatment Provided:

Additional Care Needed? No \_\_\_\_\_ Yes \_\_\_\_\_

Follow-up Visit: No \_\_\_\_\_ Yes \_\_\_\_\_ Date: \_\_\_\_\_

Explain:

\_\_\_\_\_ This individual was treated by me and has been fully informed of the nature and reasons for the care and the follow-up recommended.

\_\_\_\_\_ This individual refused treatment and has been fully informed of the consequences of refusing the care recommended.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **APPENDIX V**

### **DECLINATION FORM FOR HEPATITIS B VACCINE**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Date: \_\_\_\_\_

Signature:

Witness:

**APPENDIX VI**  
**PUBLICATION REQUEST FORM**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ESTABLISHMENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

(Limit one (1) of each publication per order.)  
Specify quantity of posters desired

**Instructional & Informational Publications**

_____ Bloodborne Pathogens*	_____ Machine Safeguarding*
_____ Electrical Safety*	_____ Mechanical Power Press Checklist*
_____ Fire Protection & Means of Egress*	_____ Voluntary Protection Program (VPP)

**Information**

_____ General Industry Checklist*	_____ Welding, Cutting and Brazing*
_____ Hazard Communication*	_____ Your Back and Your Job*
_____ Lockout/Tagout*	
_____ The Kentucky Occupational Safety & Health Program—Facts and Services*	

\*These publications can be downloaded from the internet at:

<http://www.labor.ky.gov/ows/osh/compliance/Forms.htm>

**Publications and Forms**

\_\_\_\_\_ ***Employee's First Report of Injury (IA-1)***

\_\_\_\_\_ Log & Summary of Occupational Injuries & Illnesses (Form 300 & 300A) \*\*

\_\_\_\_\_ Poster: Kentucky Child Labor (mandatory) \*\*\*

\_\_\_\_\_ Poster: Kentucky Wage & Hour (mandatory) \*\*\*

\_\_\_\_\_ Poster: Kentucky Wage Discrimination Because of Sex (mandatory) \*\*\*

\_\_\_\_\_ Poster: Safety & Health on the Job (mandatory) \*\*\*

\*\*\* <http://www.labor.ky.gov/ows/employmentstandards/posters.htm>

## **Standard Books**

\_\_\_\_\_ 1910 General Industry Standards\*\*

\_\_\_\_\_ 1926 Construction Standards\*\*

\*\*<http://www.labor.ky.gov/NR/rdonlyres/7397EA5B-94D4-46F5-9F4B-1F3CC53F29D5/0/January2009KARwithCovers.pdf>

### **Submit request to:**

**Kentucky Labor Department  
Education and Training  
1047 US 127 South, Suite 4  
Frankfort, Kentucky 40601  
Phone: 502-564-4087  
Fax: 502-564-4769  
E-mail: [Division of Education and Training](#)**

Publications and Federal posters can be downloaded from Federal OSHA's internet site:

[www.osha.gov](http://www.osha.gov)

State and Federal posters can also be downloaded from:

<http://www.des.ky.gov/des/pubs/publications.asp>

## APPENDIX VII

### CLASSIFICATION PLAN FOR LOCAL HEALTH DEPARTMENTS

TITLE	NUMBER	GRADE
<b><u>MANAGEMENT, ADMINISTRATION &amp; ADMINISTRATIVE SUPPORT</u></b>		
<b>Public Health Director Series</b>		
Public Health Director III	1001	28
Public Health Director II	1002	27
Public Health Director I	1003	25
Public Health Administrator	1010	23
<b>Administrative Support Series</b>		
Director of Administrative Services	1103	23
Administrative Assistant	1104	14
Personnel Specialist	1106	13
Human Resources Manager	1107	20
Senior Administrative Assistant	1110	19
<b>Interpreter/Translator</b>	<b>1115</b>	<b>8</b>
<b>Human Resource Assistant * New</b>	<b>1117</b>	<b>13</b>
<b>Human Resource Manager * New</b>	<b>1118</b>	<b>21</b>
<b>Administrative Assistant * New</b>	<b>1120</b>	<b>13</b>
<b>Administrative Specialist I * New</b>	<b>1121</b>	<b>15</b>
<b>Administrative Specialist II * New</b>	<b>1122</b>	<b>18</b>
<b>Administrative Services Manager * New</b>	<b>1125</b>	<b>21</b>
<b>Director of Administrative Services * New</b>	<b>1130</b>	<b>24</b>
<b>Accounting/Financial Series</b>		
Finance Administrator	1301	19
Accountant	1302	14
Account Clerk	1304	10
Purchasing Specialist	1305	11
Senior Account Clerk	1310	13
<b>Account Clerk I * New</b>	<b>1319</b>	<b>9</b>
<b>Account Clerk II * New</b>	<b>1320</b>	<b>11</b>

<b>TITLE</b>	<b>NUMBER</b>	<b>GRADE</b>
<b>Account Clerk III * New</b>	<b>1321</b>	<b>14</b>
<b>Accounting Supervisor * New</b>	<b>1322</b>	<b>16</b>
<b>Finance Administrator * New</b>	<b>1330</b>	<b>21</b>
<b>Secretarial/Office Coordinator Series</b>		
Administrative Secretary	1401	13
Secretary	1402	10
Administrative Clerk	1404	5
Telephone Operator/Receptionist	1405	5
<b>Data System Supervisor</b>	<b>1410</b>	<b>15</b>
Data Entry Operator	1411	8
<b>Technical Specialist</b>	<b>1415</b>	<b>14</b>
<b>Information Manager</b>	<b>1418</b>	<b>18</b>
Records Clerk	1420	5
Summer Worker	1430	5
<b>Program Management Series</b>		
Program Director	1501	21
Program Coordinator	1502	17
<b>Physical Activity Coordinator</b>	<b>1503</b>	<b>18</b>
Program Specialist	1510	14
<b>Community Health Specialist</b>	<b>1515</b>	<b>12</b>
<b>Public Health Services Manager * New</b>	<b>1520</b>	<b>21</b>
<b>Public Health Services Supervisor * New</b>	<b>1521</b>	<b>18</b>
<b>Public Health Services Coordinator * New</b>	<b>1523</b>	<b>16</b>
<b>Public Health Program Specialist * New</b>	<b>1526</b>	<b>14</b>
<b>MEDICAL AND MEDICAL SUPPORT</b>		
<b>Nursing Series</b>		
<b>Director of Nursing * New</b>	<b>2000</b>	<b>25</b>
Director of Community Health Nursing	2001	24
Community Health Nursing Supervisor	2002	21

<b>TITLE</b>	<b>NUMBER</b>	<b>GRADE</b>
<b>Nurse Administrator * New</b>	<b>2003</b>	<b>24</b>
Community Health Nursing Administrator	2010	22
Community Health Nurse	2101	15
<b>Community Health Nurse Home Health</b>	2102	15
Senior Community Health Nurse	2103	18
Nurse Specialist	2104	18
Senior <b>Community Health Nurse Home Health</b>	2105	18
Senior Community Health Nurse-Hospice	2106	18
Community Health Nurse-Hospice	2107	15
<b>Community Health Nurse Applicant</b>	2110	14
Advanced Registered Nurse Practitioner	2111	20
<b>Family Nurse Practitioner</b>	<b>2112</b>	<b>20</b>
Physician Assistant	2115	19
Community Health Nurse Intern	2120	14
<b>Community Health Nurse Internship Home Health</b>	<b>2121</b>	<b>14</b>
<b>Local Health Nurse I * New</b>	<b>2122</b>	<b>15</b>
<b>Local Health Nurse II * New</b>	<b>2123</b>	<b>18</b>
<b>Local Health Nurse III * New</b>	<b>2124</b>	<b>19</b>
<b>Local Health Nurse 18/Team Leader * New</b>	<b>2125</b>	<b>20</b>
<b>Local Health Nurse Specialist * New</b>	<b>2126</b>	<b>20</b>
<b>Nurse Program Manager * New</b>	<b>2127</b>	<b>22</b>
<b>Nurse Supervisor I * New</b>	<b>2128</b>	<b>22</b>
<b>Nurse Supervisor II * New</b>	<b>2129</b>	<b>23</b>
<b>Public Health Nurse I * New</b>	<b>2130</b>	<b>16</b>
<b>Public Health Nurse II * New</b>	<b>2131</b>	<b>19</b>
<b>Public Health Nurse III * New</b>	<b>2132</b>	<b>20</b>
<b>Local Health Nurse I Home Health * New</b>	<b>2135</b>	<b>16</b>
<b>Local Health Nurse II Home Health * New</b>	<b>2136</b>	<b>19</b>
<b>Licensed Practical Nurse I * New</b>	<b>2141</b>	<b>10</b>
<b>Licensed Practical Nurse II * New</b>	<b>2142</b>	<b>12</b>
<b>Licensed Practical Nurse I – Home Health</b>	<b>2145</b>	<b>10</b>
<b>Licensed Practical Nurse II – Home Health</b>	<b>2146</b>	<b>12</b>

<b>TITLE</b>	<b>NUMBER</b>	<b>GRADE</b>
<b>LPN Applicant – Home Health</b>	<b>2150</b>	<b>9</b>
<b>LPN Applicant</b>	<b>2151</b>	<b>9</b>
Licensed Practical Nurse	2152	10
Senior Licensed Practical Nurse	2153	12
Licensed Practical Nurse-Home Health	2154	10
Senior Licensed Practical Nurse-Home Health	2155	12
<b><i>Dental Hygienist I</i></b>	<b>2161</b>	<b>14</b>
<b><i>Dental Hygienist II</i></b>	<b>2162</b>	<b>17</b>
<b><i>Epidemiologist</i></b>	<b>2170</b>	<b>19</b>
<b><i>Senior Epidemiologist</i></b>	<b>2171</b>	<b>21</b>
<b><i>MEDICAL SERVICES SUPPORT SERIES</i></b>		
Adult Day Care Center Coordinator	2201	10
<b>Adult Day Care Center Assistant Coordinator</b>	<b>2202</b>	<b>8</b>
Homemaker	2203	6
Adult Day Care Center Service Aide	2204	<b>6</b>
Community Outreach Worker	2205	8
Resource Person	2206	8
Senior Resource Person	2207	10
Senior Community Outreach Worker	2208	10
Clinical Assistant	2210	8
Senior Clinical Assistant	2211	10
<b>Family Support Worker/Home Visitor</b>	<b>2220</b>	<b>8</b>
<b>Senior Family Support Worker/Home Visitor</b>	<b>2221</b>	<b>10</b>
Home Health Aide Trainee	2301	6
Home Health Aide	2302	8
Senior Home Health Aide	2303	10
Emergency Medical Technician Basic	2350	<b>8</b>
Emergency Medical Technician Senior	2351	<b>10</b>
Emergency Medical Technician Paramedic	2352	<b>12</b>
Emergency Medical Technician Paramedic Senior	2353	<b>14</b>

<b>TITLE</b>	<b>NUMBER</b>	<b>GRADE</b>
<b><i>SOCIAL AND NUTRITION SERVICES</i></b>		
<b>Social Services Series</b>		
<b>Social Services Coordinator</b>	<b>2401</b>	<b>19</b>
<b>Social Worker</b>	<b>2402</b>	<b>14</b>
<b>Senior Social Worker</b>	<b>2403</b>	<b>17</b>
<b>Director of Social Services</b>	<b>2404</b>	<b>22</b>
<b>Nutrition Services Series</b>		
Director of Nutrition Services	2501	22
Nutrition Services Coordinator	2502	<b>20</b>
Nutritionist	2503	14
Clinical Nutritionist	2504	18
<b><i>Senior Clinical Nutritionist</i></b>	<b>2505</b>	<b>19</b>
<b><i>THERAPY SERVICES</i></b>		
<b>Therapy Services Series</b>		
Speech <b>and</b> Hearing Pathologist	2602	15
Audiologist	2606	15
X-ray Technician	2608	12
Occupational Therapist	2610	16
Physical Therapist	2612	16
Physical Therapy Assistant	2620	11
<b><i>LABORATORY SUPPORT</i></b>		
<b>Laboratory Support Series</b>		
Laboratory Supervisor	2701	19
Medical Technologist	2702	16
Laboratory Technician	2703	12
Laboratory Assistant	2705	9
<b><i>HEALTH EDUCATION</i></b>		
<b>Health Education Series</b>		
Health Education Coordinator	2801	19
Senior Health Educator	2803	17

<b>TITLE</b>	<b>NUMBER</b>	<b>GRADE</b>
<b>Early Intervention Specialist</b>	<b>2804</b>	<b>15</b>
Health Educator	2805	14
Health Education Director	2806	22
<b><i>Health Educator I * New</i></b>	<b>2808</b>	<b>15</b>
<b><i>Health Educator II * New</i></b>	<b>2809</b>	<b>17</b>
<b><i>Health Educator III * New</i></b>	<b>2810</b>	<b>19</b>
<b><i>Health Education Coordinator * New</i></b>	<b>2812</b>	<b>20</b>
<b><i>Health Education Director * New</i></b>	<b>2814</b>	<b>23</b>
<b><i>MEDICAL SUPPORT - ADMINISTRATIVE</i></b>		
<b>Medical Support – Administrative Series</b>		
Support Services Coordinator	2901	14
Principal Support Services Associate	2902	11
Senior Support Services Associate	2903	8
Support Services Associate	2904	5

<b>TITLE</b>	<b>NUMBER</b>	<b>GRADE</b>
<b><i>Senior Support Services Associate I * New</i></b>	<b>2905</b>	<b>9</b>
<b><i>Senior Support Services Associate II * New</i></b>	<b>2906</b>	<b>11</b>
<b><i>Senior Support Services Associate III * New</i></b>	<b>2907</b>	<b>14</b>
<b><i>Senior Support Services Associate I – HH * New</i></b>	<b>2908</b>	<b>9</b>
<b><i>Senior Support Services Associate II – HH * New</i></b>	<b>2909</b>	<b>11</b>
<b><i>Senior Support Services Associate III – HH * New</i></b>	<b>2910</b>	<b>14</b>
<b><i>Senior Support Services Associate I – Environ * New</i></b>	<b>2911</b>	<b>9</b>
<b><i>Senior Support Services Associate II – Environ * New</i></b>	<b>2912</b>	<b>11</b>
<b><i>Senior Support Services Associate III – Environ * New</i></b>	<b>2913</b>	<b>14</b>
<b><i>Senior Support Services Supervisor * New</i></b>	<b>2915</b>	<b>17</b>
<b><i>ENVIRONMENTAL SERVICES</i></b>		
<b>Environmental Services Series</b>		
Environmental Health Director	3001	24
Environmental Health Supervisor	3003	22
Senior Health Environmentalist	3005	19
Health Environmentalist	3006	15
<b><i>PHYSICIAN/HEALTH OFFICER</i></b>		
Public Health Physician	4001	B
Health Officer	4002	A
Medical Director	4003	C
<b><i>Physician VI</i></b>	<b>4004</b>	<b>D</b>
<b><i>MAINTENANCE</i></b>		
<b>Maintenance Series</b>		

<b>TITLE</b>	<b>NUMBER</b>	<b>GRADE</b>
Maintenance Supervisor	5001	14
Maintenance Technician	5002	11
Janitor	5003	<b>5</b>
Maintenance Person	5004	7
<b><u>KITCHEN/MEAL PREPARATION/</u></b> <b><i>MEAL DELIVERY</i></b>		
<b>Kitchen/Meal Preparation/Meal Delivery Series</b>		
Food Service Supervisor	6001	13
Cook	6002	8
Driver	6003	6
Meal Delivery	6004	4

## **INFORMATION CONCERNING BLOODBORNE PATHOGENS STANDARDS REVISION**

**Place cursor over hyperlink and go to sites listed below:**

**NIOSH ALERT DOCUMENT 84**

<http://www.cdc.gov/niosh/docs/2000-108>

**Example of Bloodborne Pathogens Exposure Control Plan**

<http://www.cdc.gov/niosh/docs/2007-158/pdfs/2007-158.pdf>

**Federal Register 29 CFR Part 1910 Occupational Exposure to Blood borne Pathogens; Needlesticks and Other Sharps Injuries; Final Rule**

[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=FEDERAL\\_REGISTER&p\\_id=16265](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=16265)

**OSHA Needlestick Requirements Take Effect April 18, 2001**

[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=NEWS\\_RELEASES&p\\_id=242](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=242)

**KENTUCKY STATE PLAN: 2008**

<http://www.osha.gov/dcsp/osp/stateprogs/kentucky.html>

**OSHA NATIONAL NEWS RELEASE, OSHA Revised Recordkeeping Regulations**

[www.osha.gov/media/oshnews/apr01/index.html](http://www.osha.gov/media/oshnews/apr01/index.html)

**OSHA STANDARDS INTERPRETATION AND COMPLIANCE LETTERS 12.15/2000  
ENGINEERING CONTROLS MUST BE USED TO PREVENT NEEDLESTICKS WHERE  
FEASIBLE.**

[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=INTERPRETATIONS&p\\_id=23486&p\\_text\\_version=FALSE](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=23486&p_text_version=FALSE)

**OSHA Regulation and Compliance Links and Recordkeeping**

[www.osha.gov/comp-links.html](http://www.osha.gov/comp-links.html)

**Federal Regulations/Recordkeeping/ (Federal Regulations/Vol. 66, No. 13, Friday,  
January 19, 2001/Rules and Regulations)**

[www.gpoaccess.gov/fr/index.html](http://www.gpoaccess.gov/fr/index.html)

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